

Montana

2006

Behavioral Risk Factor Surveillance System

Questionnaire

Behavioral Risk Factor Surveillance System 2006 Questionnaire

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Introduction and Screener

HELLO, I am calling for the (health department) . My name is (name) . We are gathering information about the health of (state) residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this (phone number) ?

If "no,"

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP**

Is this a private residence?

If "no,"

Thank you very much, but we are only interviewing private residences. **STOP**

Is this a cellular telephone? **Read only if necessary: By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood.**

If "yes,"

Thank you very much, but we are only interviewing land line telephones and private residences. **STOP**

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

___ Number of adults

If "1,"

Are you the adult?

If "yes,"

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to "confidentiality statement".**

If "no,"

Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[fill in (him/her) from previous question]? Go to "correct respondent" on the next page.**

How many of these adults are men and how many are women?

___ Number of men

___ Number of women

The person in your household that I need to speak with is _____.

If "you," go to "correct respondent"

To the correct respondent:

HELLO, I am calling for the (health department) . My name is (name) . We are gathering information about the health of (state) residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Confidentiality Statement:

I will not ask for your name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions, I will provide a telephone number for you to call to get more information.

Core Sections

Section 1: Health Status

- 1.1** Would you say that in general your health is— (73)
- Please read:**
- | | |
|---|-----------|
| 1 | Excellent |
| 2 | Very good |
| 3 | Good |
| 4 | Fair |
- Or**
- | | |
|---|------|
| 5 | Poor |
|---|------|
- Do not read:**
- | | |
|---|-----------------------|
| 7 | Don't know / Not sure |
| 9 | Refused |

Section 2: Healthy Days — Health-Related Quality of Life

- 2.1** Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74–75)
- | | | |
|---|---|-----------------------|
| 8 | 8 | Number of days |
| 8 | 8 | None |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |
- 2.2** Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76–77)
- | | | |
|---|---|---|
| 8 | 8 | Number of days |
| 8 | 8 | None [If Q2.1 and Q2.2 = 88 (None), go to next section] |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |
- 2.3** During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (78–79)

— —	Number of days
8 8	None
7 7	Don't know / Not sure
9 9	Refused

Section 3: Health Care Access

3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (80)

1	Yes
2	No
7	Don't know / Not sure
9	Refused

State Added 1: Questions on Health Care Coverage

{Ask only if S3q1=2}

MT1_1. What is the main reason you are without health care coverage?

Reason code

— —

Read Only if Necessary

01	Lost job or changed employers
02	Spouse or parent lost job or changed employers [includes any person who had been providing insurance prior to job loss or change]
03	Became divorced or separated
04	Spouse or parent died
05	Became ineligible because of age or because left school
06	Employer doesn't offer or stopped offering coverage
07	Cut back to part time or became temporary employee
08	Benefits from employer or former employer ran out
09	Couldn't afford to pay the premiums
10	Insurance company refused coverage
11	Lost Medicaid or Medical Assistance eligibility
12	<u>Missed the deadline and/or did not reapply for Medicaid or Medical Assistance eligibility</u>
13	<u>Rarely sick; do not need or want health insurance</u>
14	<u>Too much hassle/paperwork</u>
15	<u>After waiting period, will be covered by employer policy</u>

Do Not Read

87	Other
77	Don't know/Not sure
99	Refused

MT1_2. About how long has it been since you had health care coverage?

Read Only if Necessary

- 1 Within the past 6 months (anytime less than 6 months ago)
- 2 Within the past year (6 months but less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 Within the past 5 years (2 years but less than 5 years ago)
- 5 5 or more years ago
- 8 Never

Do Not Read

- 7 Don't know/Not sure
- 9 Refused

Section 3: Health Care Access (cont.)

3.2 Do you have one person you think of as your personal doctor or health care provider?

If “No,” ask: “Is there more than one, or is there no person who you think of as your personal doctor or health care provider?”

(81)

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know / Not sure
- 9 Refused

3.3 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

(82)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

3.4 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

(83)

- 1 Within past year (anytime less than 12 months ago)
- 2 Within past 2 years (1 year but less than 2 years ago)
- 3 Within past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 8 Never
- 9 Refused

Section 4: Exercise

- 4.1** During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (84)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 5: Diabetes

- 5.1** Have you ever been told by a doctor that you have diabetes?
- If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"**
- If respondent says pre-diabetes or borderline diabetes, use response code 4.** (85)
- 1 Yes
 - 2 Yes, but female told only during pregnancy
 - 3 No
 - 4 No, pre-diabetes or borderline diabetes
 - 7 Don't know / Not sure
 - 9 Refused

Module 4: Diabetes

To be asked following Core Q5.1 if response is "Yes" (code = 1)

- Mod4_1.** How old were you when you were told you have diabetes? (229-230)
- Code age in years [97 = 97 and older]
 - 9 8 Don't know / Not sure
 - 9 9 Refused
- Mod4_2.** Are you now taking insulin? (231)
- 1 Yes
 - 2 No
 - 9 Refused
- Mod4_3.** Are you now taking diabetes pills? (232)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Mod4_4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (233-235)

- 1 _ _ Times per day
- 2 _ _ Times per week
- 3 _ _ Times per month
- 4 _ _ Times per year
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Mod4_5. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (236-238)

- 1 _ _ Times per day
- 2 _ _ Times per week
- 3 _ _ Times per month
- 4 _ _ Times per year
- 5 5 5 No feet
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Mod4_6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal? (239)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Mod4_7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (240-241)

- _ _ Number of times [76 = 76 or more]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Mod4_8. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

(242-243)

- — Number of times [76 = 76 or more]
8 8 None
9 8 **Never heard of A 1 C test**
7 7 Don't know / Not sure
9 9 Refused

CATI Note: If Mod4_5 = 555 (No feet), go to Mod4_10.

Mod4_9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

(244-245)

- — Number of times [76 = 76 or more]
8 8 None
7 7 Don't know / Not sure
9 9 Refused

Mod4_10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

(246)

Read only if necessary:

- 1 Within the past month (anytime less than 1 month ago)
2 Within the past year (1 month but less than 12 months ago)
3 Within the past 2 years (1 year but less than 2 years ago)
4 2 or more years ago

Do not read:

- 7 Don't know / Not sure
8 Never
9 Refused

Mod4_11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

(247)

- 1 Yes
2 No
7 Don't know / Not sure
9 Refused

Mod4_12. Have you ever taken a course or class in how to manage your diabetes yourself?

(248)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 6: Oral Health

- 6.1** How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

(86)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

- 6.2** How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

(87)

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None
- 7 Don't know / Not sure
- 9 Refused

CATI note: If Q6.1 = 8 (Never) or Q 6.2 = 3 (All), go to next section.

- 6.3** How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

(88)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

Section 7: Cardiovascular Disease Prevalence

Now I would like to ask you some questions about cardiovascular disease.

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes", "No", or you're "Not sure."

7.1 (Ever told) you had a heart attack, also called a myocardial infarction? (89)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

7.2 (Ever told) you had angina or coronary heart disease? (90)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

7.3 (Ever told) you had a stroke? (91)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 8: Asthma

8.1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (92)

- 1 Yes
- 2 No [Go to next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

- 8.2** Do you still have asthma? (93)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 9: Disability

The following questions are about health problems or impairments you may have.

- 9.1** Are you limited in any way in any activities because of physical, mental, or emotional problems? (94)
- 1 Yes
 - 2 No
 - 7 Don't know / Not Sure
 - 9 Refused

- 9.2** Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (95)
- Include occasional use or use in certain circumstances.**
- 1 Yes
 - 2 No
 - 7 Don't know / Not Sure
 - 9 Refused

Section 10: Tobacco Use

- 10.1** Have you smoked at least 100 cigarettes in your entire life? (96)
- NOTE: 5 packs = 100 cigarettes**
- 1 Yes
 - 2 No [Go to next section]
 - 7 Don't know / Not sure [Go to next section]
 - 9 Refused [Go to next section]

- 10.2** Do you now smoke cigarettes every day, some days, or not at all? (97)
- 1 Every day

- | | | |
|---|---------------------|-----------------------------|
| 2 | Some days | |
| 3 | Not at all | [Go to next section] |
| 7 | Don't know/Not sure | [Go to next section] |
| 9 | Refused | [Go to next section] |

10.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (98)

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

Section 11: Demographics

11.1 What is your age? (99-100)

- | | | |
|---|---|-----------------------|
| | | Code age in years |
| 0 | 7 | Don't know / Not sure |
| 0 | 9 | Refused |

11.2 Are you Hispanic or Latino? (101)

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

11.3 Which one or more of the following would you say is your race? (102-107)

(Check all that apply)

Please read:

- | | |
|---|---|
| 1 | White |
| 2 | Black or African American |
| 3 | Asian |
| 4 | Native Hawaiian or Other Pacific Islander |
| 5 | American Indian or Alaska Native |

Or

- | | |
|---|----------------------|
| 6 | Other [specify]_____ |
|---|----------------------|

Do not read:

- | | |
|---|-----------------------|
| 8 | No additional choices |
|---|-----------------------|

- 7 Don't know / Not sure
- 9 Refused

{CATI note: If more than one response to Q11.3; continue. Otherwise, go to Q11.5}

11.4 Which one of these groups would you say best represents your race? (108)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other [specify] _____

Do not read:

- 7 Don't know / Not sure
- 9 Refused

11.5 Are you...? (109)

Please read:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married

Or

- 6 A member of an unmarried couple

Do not read:

- 9 Refused

11.6 How many children less than 18 years of age live in your household? (110-111)

- Number of children
- 8 8 None
- 9 9 Refused

11.7 What is the highest grade or year of school you completed? (112)

Read only if necessary:

- 1 Never attended school or only attended kindergarten

- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

Do not read:

- 9 Refused

11.8 Are you currently...?

(113)

Please read:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired

Or

- 8 Unable to work

Do not read:

- 9 Refused

11.9 Is your annual household income from all sources—

(114-115)

If respondent refuses at ANY income level, code '99' (Refused)

Read only if necessary:

- 04 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**
(\$20,000 to less than \$25,000)
- 03 Less than \$20,000 **If "no," code 04; if "yes," ask 02**
(\$15,000 to less than \$20,000)
- 02 Less than \$15,000 **If "no," code 03; if "yes," ask 01**
(\$10,000 to less than \$15,000)
- 01 Less than \$10,000 **If "no," code 02**
- 05 Less than \$35,000 **If "no," ask 06**
(\$25,000 to less than \$35,000)
- 06 Less than \$50,000 **If "no," ask 07**
(\$35,000 to less than \$50,000)

(132)

- 1 Yes
- 2 No [Go to Q11.16]
- 7 Don't know / Not sure [Go to Q11.16]
- 9 Refused [Go to Q11.16]

11.15 How many of these telephone numbers are residential numbers?

(133)

- Residential telephone numbers [6 = 6 or more]
- 7 Don't know / Not sure
- 9 Refused

11.16 During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters.

(134)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

11.17 Indicate sex of respondent. Ask only if necessary.

(135)

- 1 Male [Go to next section]
- 2 Female [If respondent is 45 years old or older, go to next section]

11.18 To your knowledge, are you now pregnant?

(136)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 12: Veteran's Status

The next question relates to military service.

12.1 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

(137)

- 1 Yes
- 2 No
- 7 Don't know / Not sure

Section 13: Alcohol Consumption

13.1 During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (138)

- | | | |
|---|-----------------------|-----------------------------|
| 1 | Yes | |
| 2 | No | [Go to next section] |
| 7 | Don't know / Not sure | [Go to next section] |
| 9 | Refused | [Go to next section] |

13.2 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (139-141)

- | | | | |
|---|----|---------------------------|-----------------------------|
| 1 | __ | Days per week | |
| 2 | __ | Days in past 30 days | |
| 8 | 8 | No drinks in past 30 days | [Go to next section] |
| 7 | 7 | Don't know / Not sure | |
| 9 | 9 | Refused | |

13.3 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (142-143)

- | | | |
|----|----|-----------------------|
| __ | __ | Number of drinks |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |

13.4 Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X** **[CATI X = 5 for men, X = 4 for women]** or more drinks on an occasion? (144-145)

- | | | |
|----|----|-----------------------|
| __ | __ | Number of times |
| 8 | 8 | None |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |

13.5 During the past 30 days, what is the largest number of drinks you had on any occasion? (146-147)

- | | | |
|----|----|-----------------------|
| __ | __ | Number of drinks |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |

Section 14: Immunization/Adult Influenza Supplement

14.1 A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot? (148)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

14.2 During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine sprayed in the nose is also called FluMist™. (149)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

{CATI note: If Q14.1 or Q14.2 = 1 (Yes), continue; otherwise go to Q14.4s.}

NOTE: Questions 14.3s through 14.8s are intended for use only if the Adult Influenza Supplement is activated. The Behavioral Surveillance Branch will provide notification and instructions for implementing the Adult Influenza Supplement.

{Per CDC: questions 14.3s-14.8s will not be activated as of January 2006}

14.3s During what month and year did you receive your most recent flu vaccination? The most recent flu vaccination may have been either the flu shot or the flu spray. (150-155)

- / Month / Year
- 77 / 7777 Don't know / Not sure (Probe: "Was it before September 2005?" Code approximate month and year)
- 99 / 9999 Refused

CATI note: If Q14.3s is before 09/2005 or Q14.3s = 77/7777 (Don't know) or 99/9999 (Refused), continue. Otherwise, go to Q14.5s.

14.4s What is the MAIN reason you have NOT received a flu vaccination for this current flu season? (156-157)

INTERVIEWER NOTE: The current flu season = Sept. '05 – Mar. '06.

Do not read answer choices below. Select category that best matches response.

- 0 1 Need: Do not think need it / not recommended
- 0 2 Concern about vaccine: side effects / can cause flu / does not work
- 0 3 Access / cost / inconvenience

- 0 4 Vaccine shortage: saving vaccine for people who need it more
- 0 5 Vaccine shortage: tried to find vaccine, but could not get it
- 0 6 Vaccine shortage: not eligible to receive vaccine
- 0 7 Some other reason
- 7 7 Don't know / Not sure (**Probe: "What was the main reason?"**)
- 9 9 Refused

14.5s Has a doctor, nurse, or other health professional ever said that you have any of the following health problems?

(158)

Read each problem listed below:

Lung problems, including asthma
 Heart problems
 Diabetes
 Kidney problems
 Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids
 -Or-
 Sickie Cell Anemia or other anemia

- 1 Yes
- 2 No [Go to Q14.8s]
- 7 Don't know / Not sure [Go to Q14.8s]
- 9 Refused [Go to Q14.8s]

14.6s Do you still have (this/any of these) problem(s)?

(159)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

14.7s Do you currently work in a health care facility, such as a medical clinic, hospital, or nursing home? This includes part-time and volunteer work.

(160)

- 1 Yes
- 2 No [Go to Q14.9]
- 7 Don't know / Not sure [Go to Q14.9]
- 9 Refused [Go to Q14.9]

14.8s Do you have direct face-to-face or hands-on contact with patients as a part of your routine work?

(161)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

14.9 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?
(162)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

14.10 Have you EVER received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given.
(163)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

The next question is about behaviors related to Hepatitis B.

{CATI note: If female, do not read response #2}

14.11 Tell me if ANY of these statements is true for YOU. Do NOT tell me WHICH statement or statements are true for you, just if ANY of them are:

You have hemophilia and have received clotting factor concentrate
You are a man who has had sex with other men, even just one time
You have taken street drugs by needle, even just one time
You traded sex for money or drugs, even just one time
You have tested positive for HIV
You have had sex (even just one time) with someone who would answer "yes" to any of these statements
You had more than two sex partners in the past year

Are any of these statements true for you?
(164)

- 1 Yes, at least one statement is true
- 2 No, none of these statements is true
- 7 Don't know / Not sure
- 9 Refused

Section 15: Falls

If respondent is 45 years or older continue, otherwise go to next section.

The next questions ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

15.1 In the past 3 months, how many times have you fallen? (165-166)

—	—	Number of times	[76 = 76 or more]
8	8	None	[Go to next section]
7	7	Don't know / Not sure	[Go to next section]
9	9	Refused	[Go to next section]

If only one fall in Q15.1, fill in “Did this fall (from Q15.1) cause an injury”

15.2 Did any of these falls cause an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

**If only one fall and respondent answers “yes”, code as 01.
If response is “no”, code as 88** (167-168)

—	—	Number of falls	[76 = 76 or more]
8	8	None	[Go to next section]
7	7	Don't know / Not sure	[Go to next section]
9	9	Refused	[Go to next section]

Section 16: Seatbelt Use

16.1 How often do you use seat belts when you drive or ride in a car? Would you say— (169)

Please read:

1	Always
2	Nearly always
3	Sometimes
4	Seldom
5	Never

Do not read:

7	Don't know / Not sure
8	Never drive or ride in a car
9	Refused

{CATI Note: If Q16.1=8 (Never drive or ride in a car), go to Section 18; otherwise continue}

Section 17: Drinking and Driving

CATI note: If Q13.1 = 2 (No); go to next section.

The next question is about drinking and driving.

17.1 During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (170-171)

—	—	Number of times
8	8	None
7	7	Don't know / Not sure
9	9	Refused

Section 18: Women's Health

CATI note: If respondent is male, go to the next section.

The next questions are about breast and cervical cancer.

18.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (172)

1	Yes	
2	No	[Go to Q18.3]
7	Don't know / Not sure	[Go to Q18.3]
9	Refused	[Go to Q18.3]

18.2 How long has it been since you had your last mammogram? (173)

Read only if necessary:

1	Within the past year (anytime less than 12 months ago)
2	Within the past 2 years (1 year but less than 2 years ago)
3	Within the past 3 years (2 years but less than 3 years ago)
4	Within the past 5 years (3 years but less than 5 years ago)
5	5 or more years ago

Do not read:

7	Don't know / Not sure
9	Refused

18.3 A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? (174)

1	Yes	
2	No	[Go to Q18.5]
7	Don't know / Not sure	[Go to Q18.5]
9	Refused	[Go to Q18.5]

18.4 How long has it been since your last breast exam? (175)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

18.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (176)

- 1 Yes
- 2 No [Go to Q18.7]
- 7 Don't know / Not Sure [Go to Q18.7]
- 9 Refused [Go to Q18.7]

18.6 How long has it been since you had your last Pap test? (177)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

CATI note: If response to Core Q11.18 = 1 (is pregnant); then go to next section.

18.7 Have you had a hysterectomy? (178)

Read only if necessary: A hysterectomy is an operation to remove the uterus (womb).

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 19: Prostate Cancer Screening

CATI note: If respondent is ≤ 39 years of age, or is female, go to next section.

Now, I will ask you some questions about prostate cancer screening.

19.1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (179)

- 1 Yes
- 2 No [Go to Q19.3]
- 7 Don't Know / Not Sure [Go to Q19.3]
- 9 Refused [Go to Q19.3]

19.2 How long has it been since you had your last PSA test? (180)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

Do not read:

- 7 Don't know
- 9 Refused

19.3 A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? (181)

- 1 Yes
- 2 No [Go to Q19.5]
- 7 Don't know / Not sure [Go to Q19.5]
- 9 Refused [Go to Q19.5]

19.4 How long has it been since your last digital rectal exam? (182)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

- 19.5** Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer? (183)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 20: Colorectal Cancer Screening

CATI note: If respondent is ≤ 49 years of age, go to next section.

- 20.1** A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (184)
- 1 Yes
 - 2 No [Go to Q20.3]
 - 7 Don't know / Not sure [Go to Q20.3]
 - 9 Refused [Go to Q20.3]

- 20.2** How long has it been since you had your last blood stool test using a home kit? (185)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

- 20.3** Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (186)
- 1 Yes
 - 2 No [Go to next section]
 - 7 Don't know / Not sure [Go to next section]
 - 9 Refused [Go to next section]

- 20.4** How long has it been since you had your last sigmoidoscopy or colonoscopy? (187)

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

7	Don't know / Not sure
9	Refused

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

1	Yes	
2	No	[Go to next section]
7	Don't know / Not Sure	[Go to next section]
9	Refused	[Go to next section]

Code month and year
Don't know / Not sure
Refused

01 Private doctor or HMO office
02 Counseling and testing site
03 Hospital
04 Clinic
05 Jail or prison (or other correctional facility)

- 06 Drug treatment facility
- 07 At home
- 08 Somewhere else
- 77 Don't know/Not sure
- 99 Refused

{ CATI Note: Ask Q21.4 only if Q21.2 is within the last 12 months; otherwise go to next section }

- 21.4 Was it a rapid test where you could get your results within a couple of hours? (197)
- 1 Yes
 - 2 No
 - 7 Don't know / Not Sure
 - 9 Refused

Section 22: Emotional Support and Life Satisfaction

The next two questions are about emotional support and your satisfaction with life.

- 22.1** How often do you get the social and emotional support you need?

INTERVIEWER NOTE: If asked, say "please include support from any source". (198)

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

- 7 Don't know / Not sure
- 9 Refused

- 22.2** In general, how satisfied are you with your life?

(199)

Please read:

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

Do not read:

7	Don't know / Not sure
9	Refused

Transition to Modules and State-Added Questions

Please read:

Finally, I have a few questions left about some other health topics and related activities.

(Move this down in the questionnaire, right before Module 9 – Folic Acid questions)

Module 14: Anxiety and Depression

Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.

Mod14_1. Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?
(325-326)

__ 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

Mod14_2. Over the last 2 weeks, how many days have you felt down, depressed or hopeless?
(327-328)

__ 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

Mod14_3. Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?
(329-330)

__ 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

Mod14_4. Over the last 2 weeks, how many days have you felt tired or had little energy?
(331-332)

__ 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

Mod14_5. Over the last 2 weeks, how many days have you had a poor appetite or eaten too much?
(333-334)

__ 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

Mod14_6. Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down?
(335-336)

__ 01-14 days

8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

Mod14_7. Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV? (337-338)

-- 01-14 days
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

Mod14_8. Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual? (339-340)

-- 01-14 days
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

Mod14_9. Has a doctor or other healthcare provider EVER told you that you had an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)? (341)

1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused

Mod14_10. Has a doctor or other healthcare provider EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)? (342)

1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused

Module 9: Folic Acid

Mod9_1. Do you currently take any vitamin pills or supplements? (293)

Include liquid supplements.

- | | | |
|---|-----------------------|----------------|
| 1 | Yes | |
| 2 | No | [Go to Mod9_5] |
| 7 | Don't know / Not sure | [Go to Mod9_5] |
| 9 | Refused | [Go to Mod9_5] |

Mod9_2. Are any of these a multivitamin?

(294)

- | | | |
|---|-----------------------|----------------|
| 1 | Yes | [Go to Mod9_4] |
| 2 | No | |
| 7 | Don't know / Not sure | |
| 9 | Refused | |

Mod9_3. Do any of the vitamin pills or supplements you take contain folic acid?

(295)

- | | | |
|---|-----------------------|----------------|
| 1 | Yes | |
| 2 | No | [Go to Mod9_5] |
| 7 | Don't know / Not sure | [Go to Mod9_5] |
| 9 | Refused | [Go to Mod9_5] |

Mod9_4. How often do you take this vitamin pill or supplement?

(296-298)

- | | |
|-------|-----------------------|
| 1__ | Times per day |
| 2__ | Times per week |
| 3__ | Times per month |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | Refused |

{If respondent is 45 years old or older, go to next module.}

Mod9_5. Some health experts recommend that women take 400 micrograms of the B vitamin folic acid, for which one of the following reasons...

(299)

Please read:

- | | |
|-----------|--------------------------------|
| 1 | To make strong bones |
| 2 | To prevent birth defects |
| 3 | To prevent high blood pressure |
| Or | |
| 4 | Some other reason |

Do not read:

- | | |
|---|-----------------------|
| 7 | Don't know / Not sure |
| 9 | Refused |

Module 1: Random Child Selection

CATI note: If Core Q11.6 = 88, or 99 (no children under age 18 in the household, or refused), go to next module.

If Core Q11.6 = 1, Interviewer please read: “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” **[Go to mod1_1]**

If Core Q11.6 is >1 and Core Q11.6 does not equal 88 or 99, Interviewer please read: “Previously, you indicated there were **[number]** children age 17 or younger in your household. Think about those **[number]** children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last.” Please include children with the same birth date, including twins, in the order of their birth.

CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the “Xth” child.
Please substitute “Xth” child’s number in all questions below.

INTERVIEWER PLEASE READ:

I have some additional questions about one specific child. The child I will be referring to is the “Xth” **[CATI: please fill in correct number]** child in your household. All following questions about children will be about the “Xth” **[CATI: please fill in]** child.”

Mod1_1. What is the birth month and year of the “Xth” child? (200-205)

$\frac{\quad}{\quad}$	Code month and year
$\frac{\overline{7} \overline{7}}{\overline{9} \overline{9}}$	Don't know / Not sure
$\frac{\quad}{\overline{9} \overline{9}}$	Refused

{CATI INSTRUCTION: Calculate the child’s age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).}

Mod1_2. Is the child a boy or a girl? (206)

1	Boy
2	Girl
9	Refused

Mod1_3. Is the child Hispanic or Latino? (207)

1	Yes
2	No
7	Don't know / Not sure
9	Refused

Mod1_4. Which one or more of the following would you say is the race of the child? (208-213)

[Check all that apply]

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native

Or

- 6 Other [specify] _____

Do not read:

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

{CATI note: If more than one response to Mod1_4, continue. Otherwise, go to Mod1_6.}

Mod1_5. Which one of these groups would you say best represents the child's race? (214)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other
- 7 Don't know / Not sure
- 9 Refused

Mod1_6. How are you related to the child? (215)

Please read:

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)
- 5 Other relative
- 6 Not related in any way

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Module 3: Childhood Asthma Prevalence

CATI note: If response to Core Q11.6 = 88 (None) or 99 (Refused), go to next section.

The next two questions are about the "Xth" [CATI: please fill in correct number] child.

Mod3_1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (227)

- 1 Yes
- 2 No [Go to next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

Mod3_2. Does the child still have asthma? (228)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Asthma Follow-up Questions

{Montana will participate in the Adult & Child Asthma Callback survey}

{If s8q1 or s8q2=1 or mod3_1 or mod3_2=1 continue, else go to next section}

{If ADULT only, proceed with ADULT; IF CHILD only, proceed with CHILD}

Asthma Selection: {ASTHMA CALLBACK SELECTION: CHOSE ADULT OR CHILD. (50% ADULT / 50% CHILD)}

ast1. We would like to call to you again within the next 2 weeks to talk in more detail about (fill in: your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in Montana.

The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

- 1 Yes
- 2 No [go to next section]

ast2. Can I please have (fill-in: your/your child's) first name or initials so we will know who to ask for when we call back?

- 1 Gave Information
- 9 Refused [go to next section]

ast3. ENTER NAME: _____

State Added 3: Epilepsy and Seizure Disorder Questions

MT3_1. Have you ever been told by a doctor that you have a seizure disorder or epilepsy?

- 1 Yes
- 2 No **[Go to next Section]**
- 7 Don't know/Not sure **[Go to next Section]**
- 9 Refused **[Go to next section]**

MT3_2. Are you currently taking any medicine to control your seizure disorder or epilepsy?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

MT3_3. How many seizures of any type have you had in the last three months?

[Instructions to interviewer: If the respondent mentions and counts auras as seizures, accept the response. If a respondent indicates that he/she has had nothing more than an aura and is unsure about counting the aura(s), do NOT count auras as seizures.]

- 1 None
- 2 One
- 3 More than one
- 4 No longer have epilepsy or seizure disorder **[Go to next Section]**
- 7 Don't know/not sure
- 9 Refused

MT3_4. In the past year, have you seen a neurologist or epilepsy specialist for your epilepsy or seizure disorder?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

MT3_5. During the past month, to what extent has epilepsy or its treatment interfered with your normal activities like working, school, or socializing with family or friends? Would you say...

Please Read

- 1 Not at all
- 2 Slightly
- 3 Moderately
- 4 Quite a bit
- 5 Extremely

Do not read

- 7 Don't know/not sure
- 9 Refused

State-Added 2: Outdoor Recreation Questions

Interviewer read:

Now I would like to ask some questions about OUTDOOR recreational activities. Please keep in mind that we are not interested in INDOOR activities, such as bowling, line-dancing, or weight-lifting, or other inside exercise activities.

MT2_1. What was the primary outdoor recreational activity you participated in during the past 12 months?

Do Not Read

- 01 Backpacking
- 02 Baseball or softball
- 03 Basketball
- 04 Bicycling - mountain
- 05 Bicycling - street
- 06 Bird watching
- 07 Boating: motorized
- 08 Boating: non-motorized
- 09 Boating: sailing
- 10 Camping
- 11 Cross country skiing
- 12 Downhill skiing/ snowboarding
- 13 Fishing
- 14 Fitness course activities
- 15 Football
- 16 Golf
- 17 Horseback riding
- 18 Hunting
- 19 Ice skating
- 20 Jogging
- 21 Off Highway (4X4, motorcycles, etc.)
- 22 Picnicking
- 23 Playground activities
- 24 Recreational shooting
- 25 Rodeo activities
- 26 Skateboarding/rollerblading
- 27 Snowmobiling
- 28 Soccer
- 29 Swimming
- 30 Tennis
- 31 Volleyball
- 32 Walking
- 33 Windsurfing
- 34 OTHER activity not listed
- 77 Don't know/Not sure [Go to MT2_3]
- 88 None [Go to MT2_3]
- 99 Refused [Go to MT2_3]

MT2_2. How often did you participate in this outdoor activity in the past 12 months?

- 1 __ times per week [Enter number 1-14. >14 will confirm]
- 2 __ times per month [Enter number 1-60. >60 will confirm]

3 __ times per year
 777 Don't know/Not sure
 999 Refused

MT2_3. Are there any outdoor recreational activities you would like to have participated in during the past 12 months, but did not?

1 Yes
 2 No **[Go to MT2_6]**
 7 Don't know/Not sure **[Go to MT2_6]**
 9 Refused **[Go to MT2_6]**

MT2_4. What is the top outdoor recreational activity you would like to have participated in during the past 12 months, but did not?

Do Not Read

01 Backpacking
 02 Baseball or softball
 03 Basketball
 04 Bicycling - mountain
 05 Bicycling - street
 06 Bird watching
 07 Boating: motorized
 08 Boating: non-motorized
 09 Boating: sailing
 10 Camping
 11 Cross country skiing
 12 Downhill skiing/ snowboarding
 13 Fishing
 14 Fitness course activities
 15 Football
 16 Golf
 17 Horseback riding
 18 Hunting
 19 Ice skating
 20 Jogging
 21 Off Highway (4X4, motorcycles, etc.)
 22 Picnicking
 23 Playground activities
 24 Recreational shooting
 25 Rodeo activities
 26 Skateboarding/rollerblading
 27 Snowmobiling
 28 Soccer
 29 Swimming
 30 Tennis
 31 Volleyball
 32 Walking
 33 Windsurfing
 34 OTHER activity not listed
 77 Don't know/Not sure **[Go to MT2_6]**
 88 None **[Go to MT2_6]**
 99 Refused **[Go to MT2_6]**

MT2_5. What was the primary reason you were not able to participate in this activity?

Do Not Read

- 01 Advanced age
- 02 Congestion and crowding
- 03 Cost
- 04 Lack of child care
- 05 Lack of facilities (e.g., ball fields, tennis courts, hiking trails, etc.)
- 06 Lack of information (knowledge of activity, directions to facilities, etc.)
- 07 Lack of landscape features (e.g., no local lakes, no beaches, etc.)
- 08 Lack of other participants
- 09 Lack of personal equipment
- 10 Lack of skill
- 11 Lack of time
- 12 Physical disability
- 13 Poor environmental conditions (lack of fish, game, water levels, etc.)
- 14 Poor facility conditions (facilities are old, in disrepair, dangerous, etc.)
- 15 Poor health
- 16 Safety concerns
- 17 OTHER reason not listed
- 77 Don't know/Not sure
- 88 None
- 99 Refused

MT2_6. Which ONE type of outdoor recreational activity in your county do you feel is in the greatest need of additional facilities or sites?

[Use Other category if needed – limit of 30 characters]

Do Not Read

- 01 Backpacking
- 02 Baseball or softball
- 03 Basketball
- 04 Bicycling - mountain
- 05 Bicycling - street
- 06 Bird watching
- 07 Boating: motorized
- 08 Boating: non-motorized
- 09 Boating: sailing
- 10 Camping
- 11 Cross country skiing
- 12 Downhill skiing/ snowboarding
- 13 Fishing
- 14 Fitness course activities
- 15 Football
- 16 Golf
- 17 Horseback riding
- 18 Hunting
- 19 Ice skating
- 20 Jogging
- 21 Off Highway (4X4, motorcycles, etc.)
- 22 Picnicking
- 23 Playground activities
- 24 Recreational shooting

- 25 Rodeo activities
- 26 Skateboarding/rollerblading
- 27 Snowmobiling
- 28 Soccer
- 29 Swimming
- 30 Tennis
- 31 Volleyball
- 32 Walking
- 33 Windsurfing
- 34 **OTHER (specify _____)**
(30 character limit)
- 77 Don't know/Not sure
- 88 None
- 99 Refused

MT2_7. What do you think is the single most important outdoor recreational issue or concern facing YOUR COUNTY today?

Do Not Read

- 01 Commercial use (Guides and outfitters, etc.)
- 02 Congestion and crowding
- 03 Inadequate access
- 04 Inappropriate behavior of outdoor enthusiasts
- 05 Lack of funding
- 06 Need for facilities (e.g., ball fields, tennis courts, hiking trails, etc.)
- 07 Non-resident use (Out-of-staters)
- 08 Poor facility conditions (facilities are old, in disrepair, dangerous, etc.)
- 09 Other
- 77 Don't know/Not sure
- 88 None
- 99 Refused

MT2_8. Sometimes people with a physical disability are prevented from participating in an outdoor recreational activity because of conditions such as lack of facilities, facilities in violation of the Americans with Disabilities Act, or lack of transportation. Has this happened to You in Montana in the last 5 years?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Module 17: General Preparedness

The next series of questions asks about large-scale disasters or emergencies. By large-scale disaster or emergency we mean any event that leaves you isolated in your home **or** displaces you from your home for at least 3 days. This might include natural disasters such as hurricanes, tornados, floods, and ice storms, or man-made disasters such as explosions, terrorist events, or blackouts.

Mod17_1. How well prepared do you feel your household is to safely ride out or withstand a large-scale disaster or emergency? Would you say... (362)

Please read:

- 1 Very prepared
- 2 Somewhat prepared
- 3 Not prepared at all

Do not read:

- 7 Don't know/Not sure
- 9 Refused

Mod17_2. Does your household have a disaster evacuation plan, a written plan for how you will leave your home, in case of a large-scale disaster or emergency that requires evacuation? (363)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Mod17_3. Does your household have a 3-day supply of water for everyone who lives there? A 3-day supply of water is 1 gallon of water per person per day. (364)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Mod17_4. Does your household have a 3-day supply of non-perishable food for everyone who lives there? By non-perishable we mean food that does not require refrigeration or cooking. (365)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Mod17_5. Does your household have a 3-day supply of prescription medication for each person who takes prescribed medicines? (366)

- 1 Yes
- 2 No
- 3 No one in household requires prescribed medicine
- 7 Don't know/Not sure
- 9 Refused

Mod17_6. Does your household have a working battery operated radio and working batteries for your use if the electricity is out? (367)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Mod17_7. Does your household have a working flashlight and working batteries for your use if the electricity is out? (368)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Mod17_8. If public authorities announced mandatory evacuation from your community due to a large-scale disaster or emergency, would you evacuate? (369)

- 1 Yes [Go to mod17_10]
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Mod17_9. What would be the main reason why you might not evacuate if asked to do so? (370-371)

Read only if necessary:

- 01 Lack of transportation
- 02 Lack of trust in public officials
- 03 Concern about leaving property behind
- 04 Concern about personal safety
- 05 Concern about family safety
- 06 Concern about leaving pets
- 07 Other

Do not read:

- 77 Don't know/Not sure
- 99 Refused

Mod17_10. In a large-scale disaster or emergency, what would be your main method of communicating with relatives and friends? (372)

Read only if necessary:

- 1 Regular home telephones

- 2 Cell phones
- 3 Email
- 4 Pager
- 5 2-way radios
- 6 Other

Do not read:

- 7 Don't know/Not sure
- 9 Refused

Mod17_11. What would be your main method of getting information from authorities in a large-scale disaster or emergency?

(373)

Read only if necessary:

- 1 Television
- 2 Radio
- 3 Internet
- 4 Print media
- 5 Neighbors

Do not read:

- 6 Other
- 7 Don't know/Not sure
- 9 Refused

Module 8: Family Planning

{If respondent is female and 45 years of age or older, has had a hysterectomy, is pregnant, or male 60 years of age or older, go to next module.}

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

Mod8_1. Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, implants, shots, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy. Are you or your **[If female, insert "husband/partner," if male, insert "wife/partner"]** doing anything now to keep **[If female, insert "you", if male, insert "her"]** from getting pregnant?

(286)

Note: If more than one partner, consider usual partner.

- 1 Yes
- 2 No **[Go to Mod8_3]**
- 3 No partner/not sexually active **[Go to next module]**
- 4 Same sex partner **[Go to next module]**
- 7 Don't know / Not sure **[Go to next module]**
- 9 Refused **[Go to next module]**

Mod8_2.

What are you or your **[If female, insert “husband/partner,” if male, insert wife/partner”]** doing now to keep **[If female, insert “you”, if male, insert “her”]** from getting pregnant?

(287-288)

Read only if necessary:

01	Tubes tied	[Go to next module]
02	Hysterectomy (female sterilization)	[Go to next module]
03	Vasectomy (male sterilization)	[Go to next module]
04	Pill, all kinds (Seasonale, etc.)	[Go to mod8_4]
05	Condoms (male or female)	[Go to mod8_4]
06	Contraceptive implants (Jadelle or Implants)	[Go to mod8_4]
07	Shots (Depo-Provera)	[Go to mod8_4]
08	Contraceptive Ring (Nuvaring or others)	[Go to mod8_4]
09	Contraceptive Patch	[Go to mod8_4]
10	Diaphragm, cervical ring, or cap	[Go to mod8_4]
11	IUD (including Mirena)	[Go to mod8_4]
12	Emergency contraception (EC)	[Go to mod8_4]
13	Withdrawal	[Go to mod8_4]
14	Not having sex at certain times (rhythm)	[Go to mod8_4]
15	Other method (foam, jelly, cream, etc.)	[Go to mod8_4]

Do not read:

77	Don't know / Not sure	[Go to Mod8_4]
99	Refused	[Go to Mod8_4]

Mod8_3.

What is your main reason for not doing anything to keep **[If female, insert “you”, if male, insert “her”]** from getting pregnant?

(289-290)

Read only if necessary:

01	Didn't think you were going to have sex/no regular partner	
02	You want a pregnancy	
03	You or your partner don't want to use birth control	
04	You or your partner don't like birth control/fear side effects	
05	You can't pay for birth control	
06	Lapse in use of a method	
07	Don't think you or your partner can get pregnant	
08	You or your partner had tubes tied (sterilization)	[Go to next module]
09	You or your partner had a vasectomy (sterilization)	[Go to next module]
10	You or your partner had a hysterectomy	[Go to next module]
11	You or your partner are too old	
12	You or your partner are currently breast-feeding	
13	You or your partner just had a baby/postpartum	
14	Other reason	
15	Don't care if you get pregnant	
16	Partner is pregnant now	[Go to next module]

Do not read:

77 Don't know / Not sure
99 Refused
Mod8_4. How do you feel about having a child now or sometime in the future? Would you say: (291)

Please read:

- | | | |
|---|------------------------------------|----------------------------|
| 1 | You don't want to have one | [Go to next module] |
| 2 | You do want to have one | [Go to Mod8_5] |
| 3 | You're not sure if you do or don't | [Go to next module] |

Do not read:

- | | | |
|---|-----------------------|----------------------------|
| 7 | Don't know / Not sure | [Go to next module] |
| 9 | Refused | [Go to next module] |

Mod8_5. How soon would you want to have a child? Would you say: (292)

Please read:

- | | |
|---|---|
| 1 | Less than 12 months from now |
| 2 | Between 12 months to less than two years from now |
| 3 | Between two years to less than 5 years from now, or |
| 4 | 5 or more years from now |

Do not read:

- | | |
|---|-----------------------|
| 7 | Don't know / Not sure |
| 9 | Refused |

Module 15: Sexual Violence

Now I'd like to ask you some questions about different types of physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of this section, I will give you phone numbers for organizations that can provide information and referral for these issues. Please keep in mind that if you are not in a safe place you can ask me to skip any question you do not want to answer.

Are you in a safe place to answer these questions? (343)

- | | | |
|---|-----|--|
| 1 | Yes | |
| 2 | No | [Go to section closing statement] |

My first questions are about unwanted sexual experiences you may have had.

Mod15_1. In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn't want them to, or without your consent (for example being groped or fondled)? (344)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Mod15_2. In the past 12 months, has anyone exposed you to unwanted sexual situations that did not involve physical touching? Examples include things like sexual harassment, someone exposing sexual parts of their body to you, being seen by a peeping Tom, or someone making you look at sexual photos or movies? (345)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Now, I am going to ask you questions about unwanted sex. Unwanted sex includes things like putting anything into your vagina **[If female]**, anus, or mouth or making you do these things after you said or showed that you didn't want to.

It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.

Mod15_3. Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent? (346)

- 1 Yes
- 2 No **[Go to Mod15_5]**
- 7 Don't know / Not sure **[Go to Mod15_5]**
- 9 Refused **[Go to Mod15_5]**

Mod15_4. Has this happened in the past 12 months? (347)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Mod15_5. Has anyone EVER ATTEMPTED to have sex with you after you said or showed that you didn't want to or without your consent, BUT SEX DID NOT OCCUR? (348)

- 1 Yes
- 2 No **[Go to Mod15_7]**
- 7 Don't know / Not sure **[Go to Mod15_7]**

9 Refused **[Go to Mod15_7]**

Mod15_6. Has this happened in the past 12 months? (349)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

{CATI note: If Mod15_3 = 1 (Yes) or Mod15_5 = 1 (Yes); continue. Otherwise, read section closing statement.}

Mod15_7. Think about the time of the most recent incident involving a person who ***had sex with you*** –or- ***attempted to have sex with you*** after you said or showed that you didn't want to or without your consent? What was that person's relationship to you? (350-351)

Do not read:

- 0 1 Current boyfriend/girlfriend
- 0 2 Former boyfriend/girlfriend
- 0 3 Fiancé
- 0 4 Spouse or live-in partner
- 0 5 Former spouse or former live-in partner
- 0 6 Someone you were dating
- 0 7 First Date
- 0 8 Friend
- 0 9 Acquaintance
- 1 0 A person known for less than 24 hours
- 1 1 Complete stranger
- 1 2 Parent
- 1 3 Step-parent
- 1 4 Parent's partner
- 1 5 Parent in-law
- 1 6 Other relative
- 1 7 Neighbor
- 1 8 Co-worker
- 1 9 Other non-relative
- 2 0 Multiple perpetrators **[Go to section closing statement]**
- 7 7 Don't know / Not sure
- 9 9 Refused

Mod15_8. Was the person who did this male or female? (352)

- 1 Male
- 2 Female
- 7 Don't know / Not sure
- 9 Refused

SV Closing Statement: We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call **1-800-656-HOPE (4673)**. Would you like me to repeat this number?

Module 16: Intimate Partner Violence

{INTERVIEWER'S SCRIPT: For use if SV module has been administered:}

The next questions are about different types of violence in relationships with an intimate partner. By an intimate partner I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner. Please keep in mind that if you are not in a safe place you can ask me to skip any question you do not want to answer.

Are you in a safe place to answer these questions?

(353)

- 1 Yes
- 2 No **[Go to section closing statement]**

Mod16_1. Has an intimate partner EVER THREATENED you with physical violence? This includes threatening to hit, slap, push, kick, or hurt you in any way.

(354)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Mod16_2. Has an intimate partner EVER ATTEMPTED physical violence against you? This includes times when they tried to hit, slap, push, kick, or otherwise hurt you, BUT THEY WERE NOT ABLE TO.

(355)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Mod16_3. Has an intimate partner EVER hit, slapped, pushed, kicked, or hurt you in any way?

(356)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER'S SCRIPT: For use when both SV and IPV modules are being administered:

Now, I am going to ask you some additional questions about unwanted sex. It may seem like you have already answered these questions. Although the questions are very similar to some that I may have already asked, it is important that we also ask them here.

Mod16_4. Have you EVER experienced any unwanted sex by a current or former intimate partner? (357)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

{CATI note: If Mod16_3 = 1 (Yes) or Mod16_4 = 1 (Yes), continue. Otherwise, go to closing statement at end of module.}

Mod16_5. In the past 12 months, have you experienced any physical violence or had unwanted sex with an intimate partner? (358)

- 1 Yes
- 2 No [Go to Mod16_7]
- 7 Don't know / Not sure [Go to Mod16_7]
- 9 Refused [Go to Mod16_7]

Mod16_6. In the past 12 months, have you had any physical injuries, such as bruises, cuts, scrapes, black eyes, vaginal or anal tears, or broken bones, as a result of this physical violence or unwanted sex? (359)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Mod16_7. At the time of the most recent incident involving an intimate partner who **was physically violent** –or- **had unwanted sex** with you, what was that person's relationship to you?

(360-361)

Do not read:

- 0 1 Current boyfriend
- 0 2 Current girlfriend
- 0 3 Former boyfriend
- 0 4 Former girlfriend
- 0 5 Fiancé (male)
- 0 6 Fiancé (female)
- 0 7 Male you were dating
- 0 8 Female you were dating
- 0 9 Female first date

- 1 0 Male first date
- 1 1 Husband or male live-in partner
- 1 2 Wife or female live-in partner
- 1 3 Former husband or former male live-in partner
- 1 4 Former wife or former female live-in partner
- 1 5 Other
- 7 7 Don't know / Not sure
- 9 9 Refused

IPV Closing Statement: We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, there is a toll-free and confidential intimate partner violence telephone hotline you can call. The number is **1- 800-799-SAFE (7233)**. Would you like me to repeat the number?

Closing Statement

That is **was** my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

"If you have any questions about this survey, you can call Joanne Oreskovich at the Montana Department of Public Health and Human Services at (406) 444-2973. Would you like me to repeat that name **and phone** number so you can write it down?"